

APPLICATION FOR DEFERRED VESTED RETIREMENT

FAIRFAX COUNTY UNIFORMED RETIREMENT SYSTEM
10680 MAIN STREET, SUITE 280, FAIRFAX, VIRGINIA 22030
(703) 279-8200 1-800-333-1633 FAX: (703) 273-3185

INSTRUCTIONS: Type or Print your entries in ink. Complete items 1 through 18 and sign.

1. Last Name		First	Middle	2. Date of Birth	3. Social Security Number
4. Present Address				5. Address to which retirement is to be mailed (if different)	
Home Phone:					
6. Agency and Position				7. Last day of employment	
8. Date of Employment	9. Has employment been continuous? G Yes G No			10. If no, indicate break(s) in service	
11. Spouse Name		12. Spouse Social Security Number		13. Spouse Birthdate	
14. Beneficiary Name (if not spouse)		15. Beneficiary Social Security Number		16. Beneficiary Birthdate	
17. Marital Status G Single G Married G Divorced G Widowed					

18. The following Joint Survivor Options are available. If you select one, your benefit will be reduced and upon your death, a benefit will be paid to your surviving spouse. Contact the retirement office for more information.

G No Option G 50% Option G 66⅔% Option G 75% Option G 100% Option

Request for Deferred Vested Retirement:

19. Under the provisions of the Fairfax County Uniformed Retirement System Ordinance, I hereby apply for the Deferred Vested Retirement benefit to begin the first of the month following my 55th birthday. I also certify that all information given in this application is true.

Date

Signature of Member

RETIREMENT USE ONLY

Retirement Agency Authorization

Date

Authorized Signature

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